IT IS EXPECTED THAT A QUORUM OF THE PERSONNEL COMMITTEE, BOARD OF PUBLIC WORKS, PLAN COMMISSION, WILL BE ATTENDING THIS MEETING; (ALTHOUGH IT IS NOT EXPECTED THAT ANY OFFICIAL ACTION OF ANY OF THOSE BODIES WILL BE TAKEN)

CITY OF MENASHA Administration Committee 140 Main Street, 3rd Floor Council Chambers

April 21, 2008

6:15 PM

AGENDA

		☐ ← Back Print	
1.	CAI	L TO ORDER	
	A.	Call to Order	
2.	ROI	LL CALL/EXCUSED ABSENCES	
	A.	Roll Call	
3.		TUTES TO APPROVE-MINUTES & COMMUNICATIONS TO CEIVE	
	Min	utes to approve:	
	A.	Administration Committee Minutes, 4/7/08 & 4/15/08	Attachments
4.	DIS	CUSSION	
	A.	Application of Wiseguys Pizzeria & Pub LLC, 1440 S. Oneida Street, Menasha, Brenda Jorgensen, agent for Reserve Class B Liquor License for the 2007-2008 licensing year.	Attachments
	В.	Authorization to request funds from Winnebago County Commission on Aging for 2009: 1) Senior Center Activity Coordinator; 2) Senior Center Supervisor; 3) 60+ Health Program, and authorize signatures.	Attachments
	C.	Approval of Declaration of Official Intent to Advance Funds, Water Main and Service Replacement on Third Street prior to DOT project.	Attachments
	D.	R-7-08 Resolution Continuing Appropriations	Attachments
	E.	R-8-08 Resolution Tranferring/Appropriating Funds	Attachments
	F.	R-9-08 - Resolution Designating Public Depository and Authorizing Withdrawal of County, City, Village, Town or School District Moneys	Attachments
	G.	Accounts payable and payroll for $4/10/08 - 4/17/08$ in the amount of \$1,892,933.36	Attachments
5.	ADJ	OURNMENT	

"Menasha is committed to its diverse population. Our Non-English speaking population or those with disabilities are invited to contact the Menasha City Clerk at 967-3600 24 hours in advance of the meeting so special accommodations can be made."

Adjournment

A.

CITY OF MENASHA Administration Committee City Hall-140 Main St.-Council Chambers-3rd Floor

April 7, 2008

MINUTES

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1. CALL TO ORDER

Meeting called to order by Vice-Chairman Eckstein at 6:45 p.m.

2. ROLL CALL/EXCUSED ABSENCES

A. Roll Call

PRESENT: Ald. Chase, Merkes, Taylor, Hendricks, Eckstein, Michalkiewicz EXCUSED: Ald. Wisneski, Pack ALSO PRESENT: Mayor Laux, PC Stanke, DPW Radtke, CDD Keil, PRD Tungate, PHD Nett, C/T Stoffel, Clerk Galeazzi, the Press

3. MINUTES TO APPROVE-MINUTES & COMMUNICATIONS TO RECEIVE

Minutes to approve:

A. Administration Committee, 3/17/08

Moved by Alderman Michalkiewicz, seconded by Alderman Chase to approve Administration Committee Minutes, 3/17/08

Motion Carried on voice vote Results:

4. DISCUSSION

A. Agreement for Engineering Consulting Services - Vierbicher Associates and authorize signature.

CDD Keil and PRD Tungate explain with the Council adopting Resolution R-4-08 authorizing participation in the Wisconsin Dept. of Commerce Planning Grant program staff prepared a request for proposal for planning and engineering design services. The RFP was given to several consulting firms. Three firms were interviewed and Vierbicher Associates was selected as the best candidate to do the work. Source of funds to cover the cost of the consulting services will come from funds left in the 2007 Community Development Outside Service Account, the developer, Whitewater Park Study Group and Winnebago County Economic funds.

B. Request to recind Personal Property Taxes

Ald. Chase stated her conversation with C/T Stoffel explained the over tax was an honest mistake and the public needs to know the City is a fair place to do business.

C. Request from the Locker Room, 800 Plank Rd., to serve alcohol on their back deck from April 8, 2008 to November 30, 2008

No Questions or Discussion

D. Accounts payable and payroll for 3/20/08-4/3/08 in the amount of \$1,546,778.63

Ck. #16260-Roy Rogers-\$112.64 - reimburse for chop suey lunch at Senior Center

Ck. #16422-Fox Cities Chamber Foundation-\$338.00 - Chamber membership dues for City

Ck. #16435-Manderfield Bakery-\$15.50 - donuts for Health Dept. event

Ck. #16222-Airgas North Central-\$5,227.04 - welding equipment for Public Works Facility

5. ADJOURNMENT

A. Adjournment

Moved by Alderman Michalkiewicz, seconded by Alderman Chase to adjourn at 7:30 p.m

Motion

Carried on voice vote

Results:

Deborah a. Haleazzi

Respectfully submitted by Deborah A. Galeazzi, City Clerk

CITY OF MENASHA Administration Committee 140 Main Street, 3rd Floor Council Chambers

April 15, 2008

MINUTES

□ + Back □ Print

1. CALL TO ORDER

Meeting called to order by Clerk Galeazzi at 7:53 p.m.

2. ROLL CALL/EXCUSED ABSENCES

A. Roll Call

PRESENT: Ald. Taylor, Wisneski, Pack, Hendricks, Zelinski, Benner

EXCUSED: Ald. Michalkiewicz

ALSO PRESENT: Mayor Merkes, Appleton City Attorney Ellen Totzke, PC Stanke, FC Vander Wyst, DPW Radtke, CDD Keil, C/T Stoffel, PHD

Nett, Clerk Galeazzi, and the Press.

3. ACTION ITEMS

A. Election of Chairman

Moved by Ald. Taylor, seconded by Ald. Hendricks to nominate Ald. Wisneski for Chairman of Administration Committee.

No other nominations. Clerk instructed to cast a unanimous ballot declaring Ald. Wisneski Chairman of Administration Committee for one year effective immediately.

Ald. Wisneski continued the meeting.

B. Election of Vice-Chairman

Moved by Ald. Hendricks, seconded by Ald. Pack to nominate Ald. Taylor for Vice-Chairman of Administration Committee.

No other nominations. Clerk instructed to cast a unanimous ballot declaring Ald. Taylor Vice-Chairman of Administration Committee for one year effective immediately.

4. ADJOURNMENT

A. Adjournment

Moved by Ald. Hendricks, seconded by Ald. Taylor to adjourn at 7:55 p. m.

Respectfully submitted by Deborah A. Galeazzi, City Clerk

Deborah a. Maleazzi

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION	Applicant's Wisconsin Seller's Permit Number: 45% - 0000	2149773
Submit to municipal clerk.	Federal Employer Identification	
For the license period beginning APRIC 21 20 08	Number (FEIN): 75 - 32 644	
ending June 30 2008	LICENSE REQUESTE	7
20 <u>0 0</u>	TYPE Class A beer	FEE .
☐ Town of ¬	Class B beer	S
TO THE GOVERNING BODY of the: Utiliage of MENASHA	Wholesale beer	\$
City of	Class C wine	
County of WINNEBACO Aldermanic Dist. No. (if required by ordinance)		\$
County of WINNEBACO Aldermanic Dist. No. (if required by ordinance)	Class A liquor	\$
1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY	Reserve Class B liquor	· ·
CORPORATION/NONPROFIT ORGANIZATION	Publication fee	\$10,000.00
hereby makes application for the alcohol beverage license(s) checked above.	TOTAL FEE	\$ 50.00
		ΙΦ
2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give regis	stered name):	
An "Appelliant Opportion police " Form AT 100 much be completed and the Late of the Late o		
President Member Brenda Jorgensen 101	ad by each member/manager and as Address Post Office Address Post Office	ent of a limited * & Zip Code * MASS HG 549
Vice President Member Lance J. Hach W698	36 Hickory Nat Tra	1 Appleton
Secretar Member Jerome 4. Hach 57 Bel	luce Place AD	oleph Su
Treasurer Member Jason C. Hach 4369 Su	gar Mobile Lane A	poleton Si
Agent DUNER BRONDA JORGENSON 1019 BRIG	HTOW DR. MENASHA	W154952
Directors/Managers		
3. Trade Name WISETOUYS PIZZORIA - PUB Business Pi	none Number 920 - 830	-8336
4. Address of Premises 1440 5 ONET DAST. MENASHAWI Post Office	8 7in Code > 5495.2	
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the response for this lineage and the state of	nsible beverage server	,
training course for this license period?		Yes 🗌 No
Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?		Yes Who
Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of	this husiness?	Yes No
8. (a) Corporate/limited liability company applicants only: Insert state and date	1-15-08 of registration	
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability.	lity company?	Yes No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any	v member/manager or	
agent hold any interest in any other alcohol beverage license or permit in Wisconsin?		Yes No
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and	(B above.)	
 Premises description: Describe building or buildings where alcohol beverages are to be sold and stored all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages are may be sold and stored only on the premises described.) SUITE JOFA STRIP. Legal description (omit if street address is given above): 	The applicant must include	
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year?		
(b) If yes, under what name was license issued?		Yes Wo
12. Does the applicant understand they must file a Special Occupational Tax return (TTR form 5630.5)		
before beginning business? [phone 1-800-937-8864]	🗹	Ýes □ No
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same r	name as that shown in	
Section 2, above? [phone (608) 266-2776]	D	Ýes □ No
14. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?		Yes V No
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above question of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Li any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misder SUBSCRIBED AND SWORK 1085 FORE 1185.	ns has been truthfully answered to the bes y the license(s), if granted, will not be as	t of the knowledge signed to another.
(Officer of Corpo)ation/like	mber/Manager of Limited Liability Company /	artner/Individual)
Mym Makey Pithici	Stegen	-
My commission express (Officer & Copy Library Public)	imited Liability Company /F	'artner)
	perManager of Limited Liability Company if A	Any)
TO BE COMPLETED BY OCERK	,	
Date received and filed DE Date received and plate provisional license issued Scientific Since	ature of Clerk / Deputy Clerk	
with municipal clerk 43	->p,	
Date license granted Date license issued License number issued		1
AT-106 (R. 1-05)	Wiscongin Dan	artment of Revenue

Wisconsin Department of Revenue

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

To the governing body of: Town/Village/City of MENASHA County of WINNERAGO The undersigned duly authorized officer(s)/members/managers of WISEGUYS PIZZERCIA + PUB (registered name of conjuntation or familied liability company) a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known a WISEGUYS PIZZERIA + PUB	 ررط
The undersigned duly authorized officer(s)/members/managers of WISEGUYS PIZZERCIA + PUB (registered name of corporation/organization or limited liability company making application for an alcohol beverage license for a premises known a WISEGUYS PIZZERIA + PUB	ررط
WISEGMS PIZZEZIA + PUB	
- OUISCOUYS FIZZERIA + YUB	80
ocated at 1440 S. ONEDA ST. SUITEJ, MENASHA, WI 54	195
DKEINDA JORGENSEN	
1019 BRIGHTON DR. MENASHA, WI 5495 2	· ·
to act for the corporation/organization/limited flability company with full authority and control of the premises and of all business of alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/limited flability company having or applying for a beer and/or liquor license for any other location in Wisconsin? Yes Mo If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).	elative ration/
s applicant agent subject to completion of the responsible beverage server training course? Yes No low long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?	
Place of residence last year 1849 BRIGHTON DR. MENASHA WI 54952	
FOR WISEGUYS PIZZERIA + PUB LLC	
By: DETHER OLGANISM	
And:(denture of OttoschlamberNandger)	
BRENDA JORGENSON	
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol severages conducted on the premises for the corporation/organization/limited liability company.	for the
TOTONOA TOUBOUTED 4-1-08 Agent's age	<u> </u>
1019 BRIGHTON DR. MENASHA WI 54952 Date of birth	
APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)	
hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information are satisfactory and I have no objection to the agent appointed.	tion,
(deputition of proper local citical) Title Charles To Police (tought chair, drivings president, police the	iel)

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal cierk.

	((Last Hame)	(First Name	•)	8848-51	12.	
IOME ADDRESS (Street Plants)	Haen	Juson	•	(Middle Name)	SOCIAL I	ECURITY NUMBER
			POST OFFICE	<u>c.</u>	3,	
OME PHONE NUMBER	le Leine		1		STATE	ZIP CODE
AND A LONG HOUSE IN		AGE	PAPE LETTEN		Wi	544/3
920-734-184	15				PLACE O	F BIRTH .
				<u> </u>	L A	echon
he above named individual pro	vides the following info	Constinu es a a				
Applying for an alaskal			ion who is (check	one):		
Applying for an alcohol beve	wage ucense as an ind	ilvidual.				
A member of a partnership	which is maldne annie	ation for an alast				
			m naverade goeut	0.		
(Offices/Directar/Member	Managed/gard)	A				
which is maiding application	for an alcohol beverage	(PVNE OF C Bicanae	ORPORATION, LIMITED LI	MOLITY COMPANY	OR NONPRO	FIT ORGANIZATION
				• •		
he <i>above named individual</i> pro How long have you continue	vides the following info	mation to the E-				
How long have you continue Have you ever been convict	ously resided in Wiscon	isin prior to this 4				-
Have you ever been convict violation of any federal laws	ted of any offenses (oth	or than traffic 100		1973		
violation of any federal laws (If yes, give law or ordinanc of charges pending) (If year	any Wisconsin laws, a	ity laws of any of	manag so alcouol b	everages) for		-
(" yes, give law or ordinano	e violated, trial court, tr	ial date and nene	ign juneaces	PLOSE OF STAN II	nunicipali	ty? . Yes 🗌 No
(If yes, give law or ordinance of charges pending.) (If mor	e room is needed, cont	inue on reverse	TO KIPUSOC, and/or	date, descrip	tion and	status
			THE PARTY OF THE PARTY.			
Are charges for any offense violation of any federal laws	s presently pending an	ainst you father #	han troffic secret			
violation of any federal laws (If yes, describe status of ch	, any Wisconsin laws.	LIV laws of other	ofotop of Time	to alcohol be	Worages)	for
Ul TOR. DESCRIPTA alabam of al-			America Of OLDERA	C Of the court	ه خااد که	Yes □ No
Omenization as asset	- '! an all and	7~4 CE VIICH, C	MCMY OF BOOM of a			
A See respect of Instruction	Nager/agent of a limber	lightite	AND STREET OF STREET	corporation/n	Onprofit	
beverage license or permit?	nager/agent of a limited	liability company	y holding or applyin	corporation/n g for any othe	onprofit If alcohol	
organization or member/man beverage license or permit? (if yes, identify.)	nager/agent of a limited	liability company	holding or applying	g for any othe	onprofit Ir alcohol	
(if yes, identify.)				g for any othe	r alcohol	··· Yes 🗌 No
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Do you hold and/or are you member/manager/agent of a permit or wholesale liquor p (if yes, identity.)	an officer, director, store a limited liability compa- permit in the State of W	RHAME, LOCATION AS cidholder, agent or my holding or app isconsin?	TYPE OF LICENSEPER	g for any othe	ration of	···· Yes No
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AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

PHONES (StreetRouse) 57 Bellvul Place PHONE NUMBER 920 734 6485 Dove named individual provides the following inforphying for an alcohol beverage license as an individual member of a partnership which is making application for an alcohol beverage license as an individual member of a partnership which is making application for an alcohol beverage	mation as a person lividual.		STATE ZIP	000E
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re charges for any offenses presently pending agolation of any federal laws, any Wisconsin laws.	ainst you (other that	n traffic unrelated to alcohol !	everance) for	
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yes, describe status of charges pending.)			manually (iee⊓ wo∏
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yes, Identify.)	•		*********	. Yes 🗌 No 🗓
	(HAME, LOCATION AND	TYPE OF LICENSE/PERMIT)		
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ermit or wholesale Squor permit in the State of W f yes, identify.)	fisconsin?	A IN A MENTALSTED DOOR SCOU	se, browery	_
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signed further understands that any license issue ly of state law, the applicant may be prosecuted for	or submitting false s	tatements and affidavits in co	Mnection with	this application.
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signed further understands that any license issue by of state law, the applicant may be prosecuted for state law.	or submitting false s	A CONTRACTOR OF	onnection with	this application.

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

	(First Nam	e) (Middle Name)	SOCIAL SECURITY NUMBER
ME ADDRESS (Street/Roots)	LANCE	Jerome	SOURCE HOMBER
10 1008/a the		POST OFFICE	STATE ZP CODE
W 4986 HICKORY NUTTRAIL		AppletoN	WI 54914
920 738 0414	AGE	DATE OF BIRTH	PLACE OF BIRTH
720 738 0419			
_			Appleton
above named individual provides the following inf	ormation as a nar	on who is fabruate	• •
Applying for an alcohol beverage license as an in		with the (clinical othe):	
A series of the motion perenage acense as an in	dividual,	•	
A member of a partnership which is making appl	ication for an alco	hal haumana Kanana	
	غة. خو	TO DO THE REST HERE.	
(Officer/DirectorMenher/Menages/Agent)	(NAME OF C	CHPORATION, LIMITED LIABILITY COMPANY	<u> </u>
which is making application for an alcohol bevera	ge license.	COMPANY	OR HOMPROFIT ORGANIZÁTION
A Shown named in Historia	•		
e above named individual provides the following inf	formation to the ito	ensing authority:	•
			•
Have you ever been convicted of any offences (or violation of any federal laws any Wiscones Investor	ther than traffic un	related to alcohol bevarance) for	
violation of any federal laws, any Wisconein laws, (if yes, give law or ordinance violated, trial court,	any laws of any of	her states or ordinances of any	municipality? Vac [7] 11. [7
(If yes, give law or ordinance violated, trial court, of charges pending.) (If more room is needed, co	Wial date and pens	illy imposed, and/or date, descri	ofion and statue
of charges pending.) (If more room is needed, co	nunue on reverse :	side of this form.)	
Are charges for any offenses presently pending a violation of any federal laws, any Wisconsin laws	Seamst you (other t	han traffic unrelated to alcohol h	everages) for
(If yes, describe statue of changes manuface)	and made of office.	SHARES OF ORGINALICES OF SKY MILE	icipality? Yes 🗆 No 🖰
Do you haid are you making continuous.)	· · · · · · · · · · · · · · · · · · ·		
Do you hold, are you making application for or ar organization or member/manager/agent of a limb	o you an officer, di	rector or agent of a corporation/	Connectif
organization or member/manager/agent of a limb beverage license or permit?	so warming constitution	y notaing or applying for any oth	er eloohot
(If yes, identity.)	• • • • • • • • • • • • • • • • • • • •	Trange of my out	······ Yes 🗌 No [
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Do you hold and/or are you an officer, director, at member/manager/agent of a limited liability common to the common of the comm	ocknoider, agent o	r employe of any person or com	oration or
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pormit or wholesale liquor narral to the China of			
permit or wholesale liquor permit in the State of	Wisconsin?		
permit or wholesale liquor permit in the State of (if yes, identify.)	***************************************		Yes 🗌 No [
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To: **996**75145

04/17/2008 07:44

#159 P. 002/005

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

1100			(First Nam	- /	(Middle Name) BOC	AL DEM BUTTLE AND ADDRESS.
	LOKGENSEN E ADDRESS (Street/Royle)	BRO	AQL	NABL	2300	AL SECURITY NUMBER
				POST OFFICE	STA	TE ZIP CODE
Hene	1019 BRIGHTON	DR. MENA	AHZH		<i>(</i> ,)	
			AGE	DATE OF BIRTH		E OF BERTH
L	920-969-931	v (c) 20-277	7-9140	-		CONSTROWCE
The	Shows named institutions		•			<u> </u>
	above named individual provi	ides the following info	ormation as a per	on who is (check	one):	
Ш	Applying for an alcohol bever	rage license as an inc	dividual.			
	A member of a partnership				•	
P	AGENT	o manue of other	CONTROL FOR SEL SECO	not beverage licen	36.	
_	(Officer/Director/Masshauts	leneper/Agerd)	or Wise	ands bis	ZERIA -	JUB LCC
٠.	which is maiding application for	or an alcohol bevera	go license,	SOME ORYLINY LINKIED	LABILITY COMPANY OR NO	NPROFIT ORGANIZÁTION
1116	above named individual provi	ides the following ink	ormation to the lic	ensing authority:		
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						Delity? Yes T ala
	(If yes, give law or ordinance of charges pending.) (If more	VIOLENCO, WALCOURT,	irial date and pen	alty imposed, and/	or date, description	and status
	of charges pending.) (If more	s sooms as tieeded* COL	Unione ou tenerae	side of this form.)	•	
3.	Are charges for any offenses	mesenth newfor a	mainet sees fall -			
	Are charges for any offenses violation of any federal laws, (if yes, describe status of charges)	any Wisconein laws	Series you tomer.	nan traffic unrelat	ed to alcohol bever	iges) for
	(If yes, describe status of cha	Brook Dending \	en it strate of ones	English or ordinant	ces of any municipal	ily? Yes □ No
4.	Do you hold, are you malded	annication for or an) 1994 on off d			
٠,	organization or member/men	Mindenant of a limb	ed Sability commen	medical or adjent of	a corporation/nonpr	ofit
	beverage license or permit?		an especial courbes	is uniqued or abbly	ing for any other ak	ohol
		************				Var. CT AA
	(If yes, identify.)				************	····· Yes ⊡ No
			(NAME, LOCATION	ND TYPE OF LICENSEE	DOMETT.	<u> </u>
5.	Do you hold and/or are you	an officer, director, st	adhaldan assat	NO TYPE OF LICENSEP!		
5.	Do you hold and/or are you o		ockholder, agent e			
5.	Do you hold and/or are you a member/manager/agent of a permit or wholesale liquor p		ockholder, agent e			on or
5.	Do you hold and/or are you a member/manager/agent of a permit or wholesale liquor p (If yes, identify.)	ermit in the State of t	ocidnoider, agent any holding or ap Wisconsin?			
· .·	Do you hold and/or are you a member/manager/agent of a permit or wholesale liquor p (If yes, identify.)	COMMOLESALE LICENSE	ockholder, agent eany holding or ap Wisconsin?	or employe of any plying for a wholes		on or owery' Yes 🗌 No
· .·	Do you hold and/or are you a member/manager/agent of a permit or wholesale liquor p (If yes, identify.)	COMMOLESALE LICENSE	ockholder, agent only holding or ap Wisconsin?	or employe of any plying for a wholes	person or corporationals, but	on or owery' Yes 🗌 No
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The the unc	Do you hold and/or are you a member/manager/agent of a permit or wholesale liquor p (If yes, identify.) Named individual must list in Employer's Name DEJA VU CO No DEJA VU HAT Burderskyned, being first duly applicant has read and made designed further understands naity of state law, the applicant becribed and sworm the liquid becribed by the liquid becribed by the liquid becribed by the liquid becribed by the liquid by the	ETRUCTION Sworm on certh, deposit any be prosecuted it may be prosecuted.	Coldholder, agent only holding or ap Wisconsin? EOR PERMITTEE) last two employers a 1019 Bir. LS. Deers and says that to each question, and contrary to Charles for submitting fail	or employe of any phyling for a wholes a wholes a wholes a wholes are the poly and that the answer and that the answer	Person or corporationale beer license, but ADDRESS BY CITY PASHA W1	Prom Prom To CCT /2004 Promise Spilication; that are true and correct. T
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City of Menasha • Department of Community Development

To: Debbie Galeazzi

From: Building Inspection Department

Date: 4/14/08

RE: Liquor License Inspection

Address: 1440 Overna St.
Wise Guy 1:22A

The premise at the above address has been inspected for compliance with State and Local Building Codes and found to be:

COMPLIANT

NON – COMPLIANT

Recommend delaying license approval until all

Violations are corrected.

Respectfully submitted

Dennis Jansen

City of Menasha Building Inspector

Dan Coffey

City of Menasha Building Inspector



City of Menasha • Health Services

Date: April 16, 2008

To: City of Menasha Common Council

From: Todd Drew, R.S. - Sanitarian

City of Menasha Health Department

Re: Liquor License Renewal Inspection conducted at Wise Guys Pizza

An inspection was conducted at Wise Guys Pizza 1440 S. Oneida Street, Menasha due to application for liquor license.

The health inspection conducted in this establishment included standard sanitation, equipment condition, food safety, plumbing, employee hygiene, toilet and hand washing facilities, insect and rodent control and general condition using Wisconsin Administrative Code and the Wisconsin Food Code (Food Establishment Code) as a basis for inspection procedures.

The inspection conducted at Wise Guys did not cite any violations which would necessitate holding the liquor license application.

If you should have any questions regarding this information, please do not hesitate to contact me.



Memorandum

TO:

Debbie Galeazzi, City of Menasha Clerk

FROM:

Assistant Chief/Fire Marshall Al Auxier

DATE:

April 16, 2008

RE:

Liquor License, Wiseguys Pizzeria & Pub

I did a walk through at the Wiseguys Pizzeria & Pub, 1440 Oneida Street and found the building in a condition that would allow me to approve the liquor license request for this occupancy.

If you have any questions or concerns please email or give me a call.

WINNEBAGO COUNTY COMMISSION ON AGING PROJECT PROPOSAL - 2009

1.	PROGRAM NAME	Activ	vity Coordinator – Me	enasha Senior Center	
2.	PROVIDER IDEN	ΓΙFICATION:			
NAME	City of Me	nasha			
ADDR	ESS 140 N	1ain Street			
CITY	Menasha				
TELEF	PHONE 92	0-967-3600			
EMAIL	. ADDRESS	sbull@ci.mena	sha.wi.us		
3.	PROJECT DIREC	ΓOR:			
NAME	Sylvia Bull		TITLE	Senior (Center Supervisor
ADDR	ESS116 N	1ain Street, Menas	ha	TELEPHONE_	920-967-3531
4.	UNITS OF SERVI	CE TO BE PRO	OVIDED:		
ONE (JNIT IS DEFINED A	\S1	hour of service		
NUMB	ER TO BE PROVI	DED	2176		
COST	PER UNIT	\$20.40		`	AL PROJECT COST O BE PROVIDED)
5. Senior c	PROGRAM INCO CONTRIBUTIONS itizens participating in t	AND/OR PRO	GRAM INCOME	<u>.</u>	EA OF I seminars share in the cost
through	program fees and donati	ons. Monthly fund	raisers such as partie	s and other social eve	ents provide additional
income.	A senior citizen unable	to participate in any	y center activity becar	use of financial hards	ship can request to have
fees wai	ved or reduced.				
6.	PERSON WHO C	OMPLETED TI	HIS PROPOSAL	:	
NAME	Susan Nett	RN MPA	TITLE	Public I	Health Director
		AUTHORIZAT	TION TO REQUE	ST FUNDS	
Organiz	certify that ation has legal authority to Winnebago County Com accordance with all applic	enter into contractu mission on Aging, I	further certify that fund	ds awarded will be us	(Agency, Gov't Unit, gn on its behalf to request funds ed solely for the purposes(s) see and Winnebago County.
SIGN	=D			DATE	

SECTION III - SERVICE FUNDED FOR 2009

111. A. Service Funded for 2009 Program Name Activity Coordinator – Menasha Senior Center 1. Program Description The activity coordinator is responsible for monitoring day to day functions and 2. planning special events, programs, classes, and trips. The activity coordinator provides a supportive atmosphere, and has the capability of overseeing the Senior Center in the absence of the Senior Center supervisor. The activity coordinator works closely with the supervisor to continuously improve and enhance opportunities for social interaction and intellectual stimulation for all senior center participants. 3. Geographic area to be served City of Menasha and surrounding area 4. Provider Information: a. Name of Provider Menasha Senior Center b. Address 116 Main Street Menasha, WI 54952 c. Contact Person Sylvia Bull d. Telephone Number 920-967-3531 e. Provider Type: Public X Non-Profit For-Profit _____ f. Minority Provider: X g. Contract Period: January 1, 2009 to December 31, 2009 Estimated Population to be served: 5. 2900 a. Number of all Older Persons: 29 b. Number of Minority Older Persons: 1% 1015 c. Number of Low-income Older Persons: 35% 58 d. Number of Frail and Disabled Older Persons: 2%

e. Number of Rural Older Persons: 95%

6.

Estimated Number of Units of Service to be Provided:

2755

2176 hours

SECTION IV – BUDGET FOR 2009

IV. A. Supportive Services Budget – 2009

Program Name: Activity Coordinator - Menasha Senior Center Aging Service Categaory N/A

Program Activity	
Title	
Ti#b	
Senior	
State Ren	
Program	
002	
Other	
Total	

10. Total Costs	9. Other Specify	8. Equipment	7. Supplies	6. Training	5. Consultants	4. Communications	3. Rent/Utilities	2. Travel	1. Personnel	Program Activity
10219									10219	Title III-B A.
										Title III-D b.
										Senior Comm. Serv. C.
										State Ben. Spec. d.
1350	Subscriptions 100		1250							Program Income e.
1135									1135	Local Match f.
31698	Liability Ins. 500			200				250	30748	Other Resources g.
44402	600		1250	200				250	42102	Total (a-g) h.

WINNEBAGO COUNTY COMMISSION ON AGING PROJECT PROPOSAL - 2009

1.	PROGRAM NAME	Senior Center Supervisor - Menas	ha Senior Center
2.	PROVIDER IDENTIFIC	ATION:	
NAME_	City of Menasha		
ADDRE	ESS 140 Main Street		
CITY _	Menasha		
TELEP	PHONE 920-967-3600		
EMAIL	ADDRESS sbull@ci	i.menasha.wi.us	
3.	PROJECT DIRECTOR:		
NAME	Sylvia Bull	TITLE	Senior Center Supervisor
ADDRI	ESS 116 Main Street,	Menasha T	ELEPHONE 920-967-3531
4.	UNITS OF SERVICE T	O BE PROVIDED:	
ONE U	INIT IS DEFINED AS _	1 hour of service	
NUMB	ER TO BE PROVIDED	2176	
COST	PER UNIT \$37.31		(DIVIDE TOTAL PROJECT COST BY UNITS TO BE PROVIDED)
C	ONTRIBUTIONS AND F		N THE AREA OF hops, classes, and seminars share in the cost
through	program fees and donations. M	Ionthly fund raisers such as parties ar	nd other social events provide additional
income.	A senior citizen unable to part	icipate in any center activity because	of financial hardship can request to have
fees wai	ved or reduced.		
6.	PERSON WHO COMP	PLETED THIS PROPOSAL:	
NAME	Susan Nett RN MPA	TITLE	Public Health Director
	AUT	THORIZATION TO REQUES	T FUNDS
Organiza	Winnebago County Commission	into contractual agreements and has a	(Agency, Gov't Unit, authorized me to sign on its behalf to request funds awarded will be used solely for the purposes(s) set is of Federal, State and Winnebago County.
SIGNE	=D		DATE

SECTION III - SERVICE FUNDED FOR 2009

111. A. Service Funded for 2009

1.	Program Name Senior Center Supervisor – Menasha Senior Center						
2.	Program Description The Menasha Senior Center plans programs, services, and social	l activities					
	according to the needs and requests of the senior citizen population. Program development and ideas are						
	supported by an active senior center planning committee. The Senior Center also provides information and						
	referral services to seniors as well as providing social interaction opportunities through personal contact and						
	established activities. Ongoing activities and seminars are planned with a broad range of interests to						
	encourage participation by all senior citizens. The Senior Center is in the process of become	ing accredited in					
	<u>2008.</u>						
3.	Geographic area to be served City of Menasha and surrounding area						
4.	Provider Information:						
	a. Name of Provider Menasha Senior Center	<u></u>					
	b. Address116 Main Street						
	Menasha, WI 54952						
	c. Contact Person Sylvia Bull						
	d. Telephone Number 920-967-3531						
	e. Provider Type: Public X Non-Profit For-Profit						
	f. Minority Provider: X						
	g. Contract Period: January 1, 2009 to December 31, 2009						
5.	Estimated Population to be served:						
	a. Number of all Older Persons:	2900					
	b. Number of Minority Older Persons: 1%	29					
	c. Number of Low-income Older Persons: 35%	1015					
	d. Number of Frail and Disabled Older Persons: 2%	58					
	e. Number of Rural Older Persons: 95%	2755					
c	Estimated Number of Units of Service to be Provided:	2176 hours					

SECTION IV - BUDGET FOR 2009

IV. A. Supportive Services Budget - 2009

Progam Name: Senior Center Supervisor - Menasha Senior Center

Aging Service Category N/A

Program Activity	Title III-B	Title III-D	Senior Comm. Serv.	State Ben. Spec.	Program Income	Local Match	Other Resources	Total (a-g)
	ď	þ.	ပ	q.	ø	 .	Ġ	خ
1. Personnel	15575					1731	45451	62757
2. Travel							250	250
3. Rent/Utilities					3000		5350	8350
4. Communications					1300		775	2075
5. Consultants								
5. Training							480	480
7. Supplies							1930	1930
8. Equipment								
9. Other Specify							* 5355	5355
10. Total Costs	15575				4300	1731	59591	81197

^{* #9} includes liability insurance, printing costs, contract services (pest control), building repair/maintenance, dues and subscriptions.

WINNEBAGO COUNTY COMMISSION ON AGING PROJECT PROPOSAL – 2009

1.	PROGRA	M NAME	60 Plus Health Program
2.	PROVIDE	R IDENTIFIC	CATION:
NAME	Menasl	na Health Depart	ment
ADDR	ESS3	16 Racine Street	
CITY	N	1enasha	
TELEF	PHONE	920-967-3520	
EMAIL	ADDRESS	Ssnett@ci	.menasha.wi.us
3.	PROJECT	DIRECTOR	
NAME	Susan 1	Nett	TITLE Public Health Director
ADDR	ESS3	16 Racine Street	TELEPHONE 920-967-3521
4.	UNITS OF	SERVICE T	O BE PROVIDED:
ONE U	JNIT IS DE	FINED AS 1	Health Screening or Nursing Service Encounter or 1 Health Education Session per individual.
		PROVIDED	2800
COST	PER UNIT	\$10.09	(DIVIDE TOTAL PROJECT COST BY UNITS TO BE PROVIDED)
5. A dona	CONTRIB	UTIONS ANI	DESCRIBE YOUR ACTIONS IN THE AREA OF D/OR PROGRAM INCOME: y displayed at each health screening/health education activity for
awaren	ess of the p	rogram's need	l. Donations are used to defray costs of the program and purchase
such ite	ems as scree	ning supplies	, printing, and promotional materials for large screening events such
as well	ness screen	ng and skin c	ancer screening.
6.	PERSON	WHO COMP	LETED THIS PROPOSAL:
NAME	Susan 1	Nett RN MPA	TITLE Public Health Director
		AUT	HORIZATION TO REQUEST FUNDS
Organiza	Winnebago Co	ounty Commissio	Agency, Gov't Unit, into contractual agreements and has authorized me to sign on its behalf to request funds n on Aging. I further certify that funds awarded will be used solely for the purposes(s) sews, regulations, policies and procedures of Federal, State and Winnebago County.
SIGNE	בח		DATE

SECTION III - SERVICES FUNDED FOR 2009

III .	Α	Services Funded for 2009	
	1.	Program Name 60 Plus Health Program	
	2.	Program Description See next page for description	
	3.	Geographic area to be served City of Menasha and surrounding area ser	rved by the Menasha
	4.	Senior Center. Provider Information:	
	-	a. Name of Provider Menasha Health Department	
		216 Pagina Street	
		Menasha, WI 54952	
		C. Contact Person Susan Nett RN MPA	
		d. Telephone Number (920)967-3520	
		e. Provider Type: Public <u>x</u> Non-Profit For- Pr	ofit
		f. Minority Provider: <u>x</u>	
		9. Contract Period: January 1, 2009 to December 31	, 2009
	5.	Estimated Population to be served:	
	-	a. Number of All Older Persons:	1000
		b. Number of Minority Older Persons: 1%	10
		C. Number of Low-income Older Persons: 35%	350
		d. Number of Frail and Disabled Older Persons: 2%	
		e. Number of Rural Older Persons: 95%	950
	6	Estimated Number of Units of Service to be Provided:	2800

Question #3

1. Health Screening Activities:

Various health screenings such as blood pressure, anemia, hearing, vision (glaucoma), diabetes, hemoccult, urine (sugar, nitrite, protein), and osteoporosis screenings are scheduled monthly throughout the year at the Menasha Senior Center. Selected health screenings are offered during the year at Elizabeth Court Apartments, Lakeside Commons Apartments, and Keenagers Home For Independent Living. Additional single special screening/health events are coordinated with other health organizations, i.e. Cholesterol/"Wellness Panel" screening through ThedaCare labs, and skin cancer screening with local dermatologists and ACS. Influenza and pneumococcal vaccines are provided in cooperation with Neenah/Menasha Visiting Nurse Association. These screenings have become increasingly more important to the elderly. As the cost of health care rises, this is one way to keep the costs down for those on a limited budget and yet provide a very affordable preventive health service.

2. Health Education Activities:

Education is used to keep today's health consumer well informed. These educational methods include: monthly health reviews in the Menasha Senior Center newsletter which reaches about 1,000 elderly; distribution of health information through Menasha Senior Center activities; and health educational brochures by medical and health specialists available upon request to the public. The Twin Cities News Record of the Post Crescent has printed health information when requested to increase public awareness. Lastly, health information is distributed semi-annually in the City of Menasha newsletter which is delivered to every residence in Menasha.

3. Health Counseling and Consultation:

Older adults have access to a professional public health nurse for health guidance, information and referral on medical concerns on an individual basis as needed. These individual health conferences are held at the Menasha Health Department, the Senior Center and the low income elderly housing complexes. Home visits are also scheduled by the public health nurse when more comprehensive health assessment and counseling is needed, or by referral from community providers, families, friends, and neighbors.

4. Health Promotion Activities;

A recent Behavioral Risk Factor Surveillance System survey (Nov 2005) completed in the Fox Cities indicates that adults over the age of 65 were the most likely to be overweight, while those in the 50-64 age category were the most likely to be obese. The 60+ Health Program has partnered with the Menasha Senior Center and the Menasha School District and annually offers an "Early Morning Indoor Walking program" at Menasha High School during the months of January, February, March, and April. During the remaining months of the year, emphasis has been placed on "Walk to Win" and biking. An increase in activity helps to improve sedentary lifestyles, and reduces the risks of cardiovascular disease, osteoporosis and mental health issues. A chair exercise program has been implemented at the Menasha Senior Center. 2009 planning will include exploring ways to expand this program.

5. Collaboration:

Collaborative efforts are ongoing between the Menasha Health department, the Menasha Senior Center, Affinity, Aurora, and Theda Care Health Systems to provide affordable and easily accessible health promotion/educational events.

SECTION IV - BUDGET FOR 2009

IV. A.. Supportive Services Budget - 2009

Program Name:	
60 Plus Health Program	
Aging Service Car	

Aging Service Category _____N/A

10. Total Costs	9. Other Specify	8. Equipment	7. Supplies	6. Training	5. Consultants	4. Communications	3. Rent/Utilities	2. Travel	1. Personnel	Program Activity
24729									24729	Title III-B A.
										Title III-D b.
										Senior Comm. Serv. C.
										State Ben. Spec. d.
775	Liability Ins. 100		375	100		150		50		Program Income e.
2748						150	\$75/mo 900		1698	Local Match f.
										Other Resources g.
28252	100		375	100		300	900	50	26427	Total (a-g) h.

NO.		
NO.		

DECLARATION OF OFFICIAL INTENT

This is a Declaration of Official Intent of the City of Menasha (the Issuer) to reimburse an expenditure with proceeds of a borrowing or borrowings authorized by the Issuer. This Declaration is made under and pursuant to Treas. Reg. Section 1.150-2. The undersigned has been designated as an official or employee authorized by the Issuer to make this Declaration of Official Intent pursuant to a Resolution adopted on February 20, 1995. This Declaration of Official Intent is a public record maintained in the files of the Issuer and is available for public inspection pursuant to Subchapter II of Chapter 19 of the Wisconsin Statutes.

The undersigned hereby declares that it is the reasonable expectation of the Issuer to use proceeds of a borrowing or borrowings to be incurred by the Issuer to reimburse expenditures for the property, project or program or from the fund(s) /account(s) described below:

Water Main and Service Replacement on Third Street prior to DOT project

The maximum principal amount of the borrowing or borrowings to be incurred to reimburse expenditures for the above-described purpose is reasonably expected on the date hereof, to be \$236,000.

The Issuer intends to reimburse itself from borrowed funds within eighteen (18) months, (three (3) years if the Issuer is a "small Issuer") after the later of (a) the date the expenditure is paid or (b) the date the facility is placed in service, but in no event more than three (3) years after the expenditure is paid.

No money from sources other than the anticipated borrowing or borrowings is, or is reasonably expected to be, reserved, allocated on a long-term basis, or otherwise set aside by the Issuer with respect to the expenditure, pursuant to the budgetary and financial circumstances of the Issuer as of the date of this Declaration.

Dated this twenty-first day of April, 2008

By:			
	Thomas R	Stoffel	

Title: Comptroller/Treasurer

Each of the expenditures described must be one of the following: a capital expenditure (i.e. any cost which is properly chargeable to a capital account or would be so chargeable with a proper election), a cost if issuance for a bond, an expenditure relating to certain extraordinary working capital items, a grant, a qualified student loan, a qualified mortgage loan, or a qualified veterans' mortgage loan.

RESOLUTION CONTINUING APPROPRIATIONS

Introduced by Alderman Wisneski

WHEREAS, it is desirous and necessary for the City of Menasha to continue some 2007 Appropriations into 2008 to finance ongoing projects,

NOW, THEREFORE, BE IT RESOLVED by the Mayor and the Common Council concurring that the following appropriations be continued:

<u>A/C #</u>	ACCOUNT NAME		<u>AMOUNT</u>
51-02-117	ELECTIONS		10,629.00
53-09-103	ENVIRONMENTAL HEALTH		3,185.00
53-09-105	PREVENTION PROGRAM		73.00
53-06-106	RADON GRANT		529.00
53-09-108	DENTAL SEALANT PROGRAM		4,263.00
53-09-112	LEAD PREVENTION GRANT		185.00
53-09-113	IMMUNIZATION GRANT		173.00
53-09-114	MATERNAL CHILD HEALTH		318.00
53-09-118	BIO TERRORISM		26,216.00
53-09-119	TWENTY-FOUR/SEVEN COVERAGE		48,589.00
54-10-134	STORM SEWERS & DRAINS		16,745.00
55-07-202	PARKS DEPARTMENT		46,000.00
56-03-202	COMMUNITY DEVELOPMENT		13,000.00
	TOTAL	\$	169,905.00
		===	

Passed and approved this ____ day of _____, 2008

EXPLANATION OF CONTINUING APPROPRIATIONS From 2007 into 2008

<u>A/C #</u>	<u>PURPOSE</u>		<u>AMOUNT</u>	REQUESTED BY
51-02-117	Optic scan machines (3)	\$	9,000.00	CLERK Galeazzi
51-02-117	Maintenance of optic scan machines		1,629.00	CLERK Galeazzi
53-09-103	Emergency Bio Terrorism Needs		3,185.00	PHD Nett
53-09-105	Supplies		73.00	PHD Nett
53-06-106	Additional hours for Staff, supplies		529.00	PHD Nett
53-09-108	Additional hours for Staff		4,263.00	PHD Nett
53-09-112	Supplies		185.00	PHD Nett
53-09-113	Supplies		173.00	PHD Nett
53-09-114	Supplies		318.00	
53-09-118	Preparedness items for City		26,216.00	PHD Nett
53-09-119	Preparedness items for City		48,589.00	PHD Nett
54-10-134	Stream bank protection project		16,745.00	PWD Radtke
55-07-202	Positive Youth development Grant		500.00	PRD Tungate
55-07-202	Pleasants park Tennis courts		22,000.00	PRD Tungate
55-07-202	Barker Farms Landscaping & Site Amenities		5,000.00	PRD Tungate
55-07-202	Play Equipment		18,500.00	PRD Tungate
56-03-202	Depaartment of Commerce Planning Gran	t	13,000.00	CDD Keil
	Total	\$	169,905.00	

RESOLUTION TRANSFERRING/APPROPRIATING FUNDS

Introduced by Alderman Wisneski

WHEREAS, it is necessary for the City of Menasha to transfer funds to cover 2006 Budget overdrafts and to appropriate revenues received but not budgeted,

NOW, THEREFORE, BE IT RESOLVED by the Mayor and the Common Council concurring that the following budget transfers/appropriations be made:

AMOUNT		
AMOUNT	3,598.59 13,076.04 21,375.31 794.67 911.90 1,036.00 1,086.96 38,580.00 924.89 56,932.31 17,709.93 108,325.96 10,270.71 45,640.00 13,854.16	3,065.93
ACCOUNT NAME	CITY ATTORNEY CITY ASSESSOR CITY BUILDINGS ILLEGAL TAX/TAX REFUND POLICE AUXILIARY PRISONER MEAL CHARGE HEALTH SCREENING/60+ DENTAL SEALANT PROGRAM ANIMAL IMPOUNDMENT BIOTERRORISM RESTHAVEN CEMETERY OPS STREET CONSTRUCTION STREET CLEAN/FLUSH SNOW & ICE CONTROL STREET LIGHTING WEED CONTROL	CIVIC COMMEMORATIONS URBAN REDEVELOPMENT
A/C #	51-02-103 51-04-107 51-10-115 51-04-305 52-08-602 53-09-104 53-09-108 53-09-118 53-09-118 53-07-401 54-10-121 54-10-121 54-10-121 54-10-131 54-10-131	55-10-221 55-10-221 56-03-501

\$ 355,645.73

FROM:		
43-04-965	ST AID - PUBLIC HEALTH	\$ 44,354.35
46-04-165	PUBLIC CHARGES-HEALTH	1,002.35
51-02-105	PERSONNEL DEPARTMENT	3,598.59
51-04-106	CITY COMPTROLLER/TREASURER	13,870.71
52-08-101	POLICE DEPARTMENT	111,360.82
52-03-301	BLDG & PLUMB INSPECTOR	144,407.11
54-10-111	ENGINEERING/PUBLIC WORKS	21,375.31
55-07-201	RECREATION DEPARTMENT	10,455.48
56-03-202	COMMUNITY DEVELOPMENT	5,221.01
		\$ 355,645.73

accounts which exceeded their budgeted amount or to appropriate revenues received but not budgeted for in the General Fund. FISCAL NOTE: This resolution is only to cover those individual

Passed and approved this ___ day of _

The General Fund, in its entirety, had Expenditures in excess of Revenues of approximately \$397,000 for 2007. Thomas Stoffel, City Comptroller/Treasurer

RESOLUTION DESIGNATING PUBLIC DEPOSITORY AND AUTHORIZING WITHDRAWAL OF COUNTY, CITY, VILLAGE, TOWN, OR SCHOOL DISTRICT MONEYS

(Not for use by City or County of Milwaukee.)

CITY OF MENASHA

	(Municipalit	y) , wisconsin
qualified as a public depository under Ch. 34, Wis time be deposited; that the following described ac and regulations of the Bank from time to time in a of account(s) is hereby authorized, for and on beho or withdrawal of money from said account(s) and by Bank any and all checks, drafts, notes, bills, c Municipality; that the endorsement for deposit m	ecount(s) be opened and main affect; that the person(s) and to all of this Municipality, to sign of to issue instructions regarding ertificates of deposit or other hay be in writing, by stamp, of e of this Municipality is hereby	as a depository in which the funds of this Municipality may from time to tained in the name of this Municipality with the Bank subject to the rules the number thereof designated by title opposite the following designation order checks as provided in §66.0607(3), Wisconsin Statutes, for payment the same and to endorse for deposit, negotiation, collection or discount instruments or orders for the payment of money owned or theid by said or otherwise, with or without designation of signature of the person so authorized to make oral or written requests of the Bank for the transfer
Name or Type of Account	Number of Signatures Required	Type or Print Titles of Authorized Persons
1. CHECKING, MONEY MARKET, CL	2	Clerk, Treasurer, and countersigned by
2		MAYOR Clerk, Treasurer, and countersigned by
3		Clerk, Treasurer, and countersigned by
4.		Clerk, Treasurer, and countersigned by
This Res	colution includes all of the p	rovisions on the reverse side.
This is to Certify, that the foregoing is a true and co	orrect copy of resolutions duly	and legally adopted by the governing body of the Municipality at an open and said resolutions are now in full force and effect.
	Sig	ned and sealed thisday of
(NO)*	*	(clerk)
ŠEÁL	che the	e undersigned member of the governing body not authorized to sign order toks certifies that the foregoing is a correct copy of a resolution passed as rein set forth.
(Strike if not applicable)	X-	9:
	IMPORTA	NT
This Form, together with Signature Card WBA 101 the City of Milwaukee. For Milwaukee County. see	, applies to all counties, cities, §66.0607(2), Wisconsin Statu	villages, towns and school districts except the County of Milwaukee and tes, and for the City of Milwaukee, see §66.0607(5), Wisconsin Statutes.
Use Forms WBA 102 and 103 for Public Deposito		

Facsimile signatures are permitted on checks drawn against these accounts, in accordance with §66.0607(3), Wisconsin Statutes.

The original and one copy of this resolution is for the depository bank, and, if the treasurer is under Corporate Surety, one copy is for the Surety Company, with a copy to be retained by the local clerk.

To be countersigned by the Chief Executive Officer (County Board Chairman, City Mayor or Manager, Town Chairman, Village President, School District President).

The counter-signature on checks of the Chief Executive Officer of the county, city, village or town may be eliminated by ordinance. In such case, a copy of the ordinance, certified by the clerk, should be attached hereto.

School district order checks must carry the signatures of the clerk, treasurer and president. In school districts having 5 or more school board members, the actual signature of any board member other than the clerk or treasurer may be used in place of the president's signature.

CITY OF MENASHA DISBURSEMENTS

Accounts Payable for 4/10/08-4/17/08 Checks # 16469-16603 \$1,735,408.74

Payroll Checks for 4/10/08-4/17/08 Checks # 37889-38046 157,524.62

Total

\$1,892,933.36

**Gaps in the sequence of accounts payable check numbers may be caused by: voiding checks at the start of a new check run to set up printing of the checks correctly, having a large number of invoices on a particular vendor which causes the payment to be printed on more than one accounts payable check , incorrect alphabetizing of a vendor causing the accounts payable check to appear out of sequence or software/printer problems which result in accounts payable checks being printed incorrectly and needing to be discarded.

Menasha Employees Credit Union-Employee Deductions

Menasha Employees Local 1035-Union Dues

Menasha Employees Local 1035B-Union Dues

Wisconsin Support Collections-Child/Spousal Support

United Way-Employee Donations

AMT-Garnishments

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CITY OF MENASHA

Check Register - w/Alternate Description

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Vendor ID / Name		Invoice Nbr	CpnyID	Acct	Subaccount		Amount	Invoice Description
01360 ALFERI INDUSTRIAL SALI	ES & SERV	161581	31100	55	07-202-315		89.18	CABLE/DRAIN CLNR
-	Check Date	4/10/2008	Check Nbr	016469		Check Total:	89.18	-
01675 AMT			21100	21	04-299-022		150.00	
	Check Date	4/10/2008	31100 Check Nbr	016470	04 200 022	Check Total:	150.00	_
02050 BADGER LAB & ENGINEE -	RING INC	INV000033107	31201	54	10-301-212			INTERTAPE POLYMER WW SAMPLING -
	Check Date	4/10/2008	Check Nbr	016471		Check Total:	956.00	
02335 BECK ELECTRIC INC		E70	31100	55	07-203-240		744.41	INSTALL RECEPTACLES/SWITCHES
		E73	31100	55	07-203-240		449.01	LIGHTING @POOL
		E68	31100	55	07-202-240		62.87	BULBS FOR CURTIS REED PLAZA
		E66	31207	55	07-205-240		3,264.66	MARINA PEDESTAL REPAIR
-	Check Date	4/10/2008	Check Nbr	016472		Check Total:	4,520.95	_
02631 CHAD BONNELL		040908	31201	54	10-301-212		675.00	REIMBURSE SUMP PUMP/PIT
-	Check Date	4/10/2008	Check Nbr	016473		Check Total:	675.00	_
2730 BRAZEE ACE HARDWARE	<u>.</u>	78809	31100	51	10-115-300		11 97	VACUUM BAGS/SANDING SCREENS
2130 BRAZEL AGE HARDWARE	-	78821	31100	51	10-115-240			TREAD
		78892	31100	53	09-102-313			MOP BUCKET
		39205	31100	55	07-202-315			SAW BLADES
-	Check Date	4/10/2008	Check Nbr	016474		Check Total:	371.92	_
02815 SYLVIA BULL		032808	31100	53	09-212-331		116 40	MILEAGE
-	011-7	4/10/2008	Check Nbr	016475	00 212 001	Check Total:	116.40	_
	Check Date	₩ 10/2000	CHECK MDI	010475		CHECK TOTAL.		
02850 BY-THE-WAY VENDING LL	-c	040808	31100	51	04-305-730		799.85	PERSONAL PROPERTY REFUND
•	Check Date	4/10/2008	Check Nbr	016476		Check Total:	799.85	_

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CITY OF MENASHA

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dor ID / Name		Invoice Nbr	CpnyID	Acct	Subaccount		Amount	Invoice Description
AF CAREW CONCRETE & CURRI	V 00 INO	750700	04400	54	10-134-300		80.00	CONCRETE
45 CAREW CONCRETE & SUPPL	Y CO INC	758790 758882	31100	54 54	10-134-300			CONCRETE
		4/10/2008	31100 Check Nbr	016477	10-134-300	Check Total:	160.00	_
C	heck Date	4/10/2000	CHECK NDI	010477		oneck rotal.		
CDW GOVERNMENT INC		JSK7328	31100	52	08-101-310		180.38	MAGENTA TONER
		JTF0021	31100	51	04-109-315		26.92	DVD SOFTWARE FOR WEB MANAGE
C	heck Date	4/10/2008	Check Nbr	016478		Check Total:	207.30	_
LEAR WATER CAR WASH		2105	31100	52	08-101-295		25.78	VEHICLE WASHES MARCH 2008
c	heck Date	4/10/2008	Check Nbr	016479		Check Total:	25.78	_
		0.400.00		E 2	09-102-320		75.00	RENEWAL CERTIFICATE OF WAIVER
CLIA LABORATORY PROGRA	VIVI	040308 040308	31100	53 53	09-102-320			RENEWAL CERTIFICATE OF WAIVER
		4/10/2008	31100 Chark Nhr		09-104-320	Check Total:	150.00	_
C	heck Date	4/10/2006	Check Nbr	016480		Check Total:	100.00	
JLLIGAN WATERCARE SER	VICES	033108	31100	51	10-115-201		17.85	COOLER RENTAL
		033108	31731	54	10-149-313		5.95	COOLER RENTAL
C	heck Date	4/10/2008	Check Nbr	016481		Check Total:	23.80	_
VIES WATER #1476		0022394	31100	54	10-131-300		1,150.00	STAINLESS STEEL STRAPS
		0022976	31100	55	07-202-240		41.00	REPAIR WATER LINE @ KOSLO
		0022901	31100	54	10-134-300		2,379.00	GRATES
C	heck Date	4/10/2008	Check Nbr	016482		Check Total:	3,570.00	_
DAVIS & KUELTHAU SC		290955	31100	51	02-103-211		45.00	WISCO ENTERPRISES MATTER
	heck Date	4/10/2008	Check Nbr	016483		Check Total:	45.00	<u>_</u>
J.								
DIGICORPORATION		52643	31100	51	04-106-291			BILLING STATEMENTS
	heck Date	4/10/2008	Check Nbr	016484		Check Total:	96.00	_

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CITY OF MENASHA

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31100

Vendor ID / Name		Invoice Nbr	CpnyID	Acct	Subaccount		Amount	Invoice Description
04450 DWD-UI		60849	31100	55	10-215-162		7,100.00	BRIDGES
_	Check Date	4/10/2008	Check Nbr	016485		Check Total:	7,100.00	•
05165 EMMONS BUSINESS INTER	RIORS	71939	31100	53	09-212-315		7,173.26	76 CHAIRS
_	Check Date	4/10/2008	Check Nbr	016486		Check Total:	7,173.26	-
06015 FABCO EQUIPMENT INC		C170487	31731	54	10-149-383		122 11	BEARING/WASHER
_	Check Date	4/10/2008	Check Nbr	016487		Check Total:	122.11	-
06135 JAMES M FICO PHD		040108	24400	52	08-101-215		300.00	INTERVIEW/TESTING/EVALUATION
- TOO FILE	Check Date	4/10/2008	31100 Check Nbr	016488	00-101-213	Check Total:	300.00	-
FOV OTAMB OLON A ORFOL	A.1 - T.V	450040		5 2	00 400 240		40.00	CTAMP/MENACUA UEAL TU DEDT
06520 FOX STAMP SIGN & SPECIA	ALIY	152618 152497	31100 31100	53 55	09-102-310 07-201-310			STAMP/MENASHA HEALTH DEPT POOL PASS PUNCH
_	Check Date	4/10/2008	Check Nbr	016489	0. 201 010	Check Total:	60.80	-
	Oncok Bato							
07580 GUNDERSON UNIFORM & L	LINEN RENT	1246352	31100	51	10-115-201		24.33	MOP/MAT/BRUSH SERVICE
		1246352	31100	53	09-212-313		3.46	MAT/MOP/BRUSH SERVICE
		1246352	31100	55	07-202-313		3.46	MOP/MAT BRUSH SERVICE
	Check Date	4/10/2008	Check Nbr	016490		Check Total:	31.25	-
08397 FRIENDS OF HIGH CLIFF		040308	31100	55	07-201-300		33.00	CONTRIBUTION FOR NATURE PINS
_	Check Date	4/10/2008	Check Nbr	016491		Check Total:	33.00	-
08465 HOME DEPOT CREDIT SER	VICES	5020391	31100	52	08-101-240		40.50	PORCLN MRTR/POLICE
· · · · · · · · · · · · · · · · · · ·	· 	4021088	31100	52	08-101-240			PORCLN MRTR/POLICE
		571846	31100	53	09-102-240		34.96	PRIMER/PAINT/HEALTH DEPT
		9571920	31100	53	09-102-240		23.98	PAINT/HEALTH DEPT
		7021501	31100	55	07-202-315		242.69	COMPRESSOR/NAILER/WRENCH/PKS
_	Check Date	4/10/2008	Check Nbr	016492		Check Total:	382.63	-

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Vendor ID / Name	Invoice Nbr	CpnyID	Acct	Subaccount		Amount Invoice Description
09105 INDEPENDENT INSPECTIONS LTD	301102	31100	52	03-301-216		15,406.90 PERMITS FOR MARCH 2008
Check Date	4/10/2008	Check Nbr	016493		Check Total:	15,406.90
09290 INTERSTATE BATTERY OF GREEN BA	90044299	31731	54	10-149-383		120.90 STOCK
Check Date	4/10/2008	Check Nbr	016494		Check Total:	120.90
11030 KAEMPFER & ASSOCIATES INC	13792	31201	54	10-301-212		625.12 IND DISCH REG PROG/WAVERLY
	13793	31201	54	10-301-212		335.97 IND DISCH REG PROG/PERMIT PREP
	13794	31201	54	10-301-212		597.60 IND DISCH REG PROG/SWR MONITOR
	13795	31201	54	10-301-212		370.62 IND DISCH REG PROG/SWR TELEVIS
	13796	31201	19	04-540-000		3,911.44 WW COLLECT SYS REHAB IMPROV
Check Date	4/10/2008	Check Nbr	016495		Check Total:	5,840.75

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CITY OF MENASHA

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Vendor ID / Name	Invoice Nbr	CpnyID	Acct	Subaccount	Amount Invoice Description
11155 KITZ & PFEIL INC	022114-0022	31100	51	10-115-300	8.04 CUP HOOKS/BULBS
	022514-0032	31100	55	07-202-240	4.30 CAULK/JEFFERSON PARK
	022514-0131	31731	54	10-149-300	23.76 STOCK
	022514-0131	31731	54	10-149-383	19.14 MISC HARDWARE
	022609-0002	31100	53	09-102-240	5.48 KEYS/ADHESIVE
	022714-0096	31100	52	05-201-240	30.58 SHOWER HEADS
	022814-0050	31100	52	05-201-240	-15.29 SHOWER HEAD RETURN
	022814-0064	31100	55	07-202-243	30.73 PAINT/CHIP BRUSH
	022909-0013	31731	54	10-149-383	6.44 HARDWARE MISC/HOOKS
	030314-0045	31100	55	07-202-240	33.16 SUPPLIES
	030314-0107	31100	53	09-102-240	12.13 CIRC BLADE/SINKER NAILS
	030414-0009	31100	55	07-202-315	33.98 2 EXTENSION CORDS
	030414-00370	31100	55	07-202-315	34.45 WORKLIGHT/ROPE
	030414-0190	31100	52	08-101-300	50.97 STORTOTE
	030614-0123	31100	52	08-101-300	203.88 STORAGE BINS/EVIDENCE ROOM
	030614-0139	31100	55	07-202-240	6.80 REPAIRS/HART PARK
	030714-0066	31100	55	07-202-240	18.66 VANDALISM/HART PARK
	031014-0002	31100	55	07-202-315	13.56 TRAIL GROOMER PREP MATERIAL
	031014-0061	31100	53	09-102-240	23.00 TRIM WORK MATERIALS
	031014-0127	31100	53	09-102-313	6.28 MAILING TAPE
	031114-0021	31100	54	10-131-300	1.29 KEYS
	031114-0032	31731	54	10-149-300	9.25 TOOLS
	031114-0078	31731	54	10-149-300	14.82 TOOLS
	031114-01170	31100	55	07-202-240	23.01 REPAIR BENCHES/SMITH
	031209-0004	31100	53	09-102-240	11.03 PAINT SUPPLIES
	031314-00070	31100	55	07-202-240	4.49 REPAIRS/HART PARK
	031314-0012	31100	53	09-102-313	6.28 MAILING TAPE
	031314-0052	31100	52	08-101-313	48.93 BULBS
	031714-0094	31100	51	10-115-300	16.63 PAINT SUPPLIES
	031814-0202	31100	51	04-109-315	10.79 SAW
	031914-0042	31100	55	07-202-240	8.20 PAINT SUPPLIES
	031914-0104	31100	52	05-201-240	29.69 SODIUM BULB
	031914-0111	31100	54	10-304-300	2.58 KEY

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CITY OF MENASHA

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Vendor ID / Name		Invoice Nbr	CpnyID	Acct	Subaccount		Amount	Invoice Description
				54	40 404 000		00.07	MARCHEDO/CODEMIC/DOLTO
		032014-0019	31100	54	10-131-300			WASHERS/SCREWS/BOLTS
		032014-00360	31100	52	08-101-240			GUN RANGE FLOOR REPAIR
		032014-0076	31201	54	10-301-300		37.79	HOSE
•	Check Date	4/10/2008	Check Nbr	016498		Check Total:	860.55	_
12183 JOHN LANGKAU		040808	31100	52	08-101-322		84.00	CPR MATERIALS
		040808	31100	52	08-101-337		40.00	CPR CLASS INSTRUCTOR
	Check Date	4/10/2008	Check Nbr	016499		Check Total:	124.00	_
	Check Date	4/10/2000	CHECK NDI	010433		oncon rotal.		
12250 LAWSON PRODUCTS INC		6625918	31731	54	10-149-300		44.00	STOCK
•	Check Date	4/10/2008	Check Nbr	016500		Check Total:	44.00	_
12255 LAYDWEL CARPET ONE		12686	04400	53	09-102-240		200.00	CARPET
12255 LAYDWEL CARPET ONE			31100		09-102-240			_
	Check Date	4/10/2008	Check Nbr	016501		Check Total:	200.00	
13149 MATTHEWS COMMERCIA	L TIRE CTR	024633	31731	54	10-149-382		150.90	TIRE SERVICE
		024641	31731	54	10-149-382		3,473.00	TIRE SERVICE
•	Check Date	4/10/2008	Check Nbr	016502		Check Total:	3,623.90	_
13270 MCNEILUS TRUCK & MFG	COMPANY	682392	31731	54	10-149-383		101.21	PART-PIN-STR LINK PVT 1.5
•	Check Date	4/10/2008	Check Nbr	016503		Check Total:	101.21	_

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Vendor ID / Name		Invoice Nbr	CpnyID	Acct	Subaccount		Amount Invoice De	scription
13360 MENASHA ELECTRIC & W	ATER UTILI	002972	31201	54	10-302-250		18,898.30 FEB 2008	SEWER CHARGE
		030308	31100	53	09-102-214		60.00 226 MAIN	STREET
		030308	31100	53	09-102-223		71.60 226 MAIN	STREET
		030308	31100	53	09-102-225		29.36 226 MAIN	STREET
		031108	31100	12	04-399-000		7.93 RACINE/	NINTH
		031108	31100	54	10-131-223		192.63 TRAFFIC	LIGHTS
		031108	31201	54	10-301-223		66.40 LIFT STA	TIONS
		031108	31100	55	07-202-223		479.68 TRAFFIC	LIGHTS
		031108	31100	55	07-202-223		9.29 PARKS	
		031108	31100	55	07-202-225		62.36 PARKS	
-	Check Date	4/10/2008	Check Nbr	016504		Check Total:	19,877.55	
13370 MENASHA EMPLOYEES C	REDIT LINION		31100	21	04-299-020		1,860.00	
10070 111210701174 21111 20 1220 0	ALLEN CHICK		31100	21	04-299-020		17,233.00	
-	Ob a als Data	4/10/2008	Check Nbr	016505		Check Total:	19,093.00	
	Check Date	4/10/2000	Officer HDI			5.100.K 1.01	,	
<u>-</u>			31100	21	04-299-033		119.99	
	Check Date	4/10/2008	Check Nbr	016506		Check Total:	119.99	
13375 MENASHA EMPLOYEES L	OCAL 1035		31100	21	04-299-031		225.00	
			31100	21	04-299-033		0.00	
•	Check Date	4/10/2008	Check Nbr	016507		Check Total:	225.00	
13377 MENASHA EMPLOYEES L	OCAL 1035B		31100	21	04-299-032		248.16	
· · · · · · · · · · · · · · · · · · ·	Check Date	4/10/2008	Check Nbr	016508		Check Total:	248.16	
13445 MENASHA PUBLIC WORK	S FACILITY	040808	31100	11	04-111-000		50.00 PETTY C	ASH/YARD ATTENDANT
- TOTAL MENTAGINA I ODEIO WORK		4/10/2008	Check Nbr	016509		Check Total:	50.00	
	Check Date	4/ IU/∠UU0	CHECK NDF	010509		CHECK TOTAL:	00.00	
13625 MILLER & ASSOCIATES		18912	31826	55	07-202-300		1,221.00 DONATE	D BENCH
•	Check Date	4/10/2008	Check Nbr	016510		Check Total:	1,221.00	

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Vendor ID / Name		Invoice Nbr	CpnyID	Acct	Subaccount		Amount	Invoice Description
13647 JOY MILLER		040308	31100	53	09-102-331		19.90	MILEAGE
	Check Date	4/10/2008	Check Nbr	016511		Check Total:	19.90	-
13685 MINNESOTA MUTUAL LIF	F INSURANC	MAY2008	31100	21	04-618-000		2,388.54	BASIC
	Check Date	4/10/2008	Check Nbr	016512	0101000	Check Total:	2,388.54	_
13820 MTAW		040908	31100	51	04-106-320		40.00	DUES MAY 1-APRIL 30
			31100	51	04-106-320		40.00	DUES MAY 1-APRIL 30
•	Check Date	4/10/2008	Check Nbr	016513		Check Total:	80.00	_
14010 N&M AUTO SUPPLY		210776	31731	54	10-149-383		24.08	AIR FILTER
		210533	31731	54	10-149-383		18.31	FUEL/AIR FILTER
		210996	31731	54	10-149-383		250.00	CABLES
•	Check Date	4/10/2008	Check Nbr	016514		Check Total:	292.39	_
14363 NIELSON COMMUNICATIO	ONS	APP08-22470	31731	54	10-149-315			RADIO EQUIPMENT
	Check Date	4/10/2008	Check Nbr	016515		Check Total:	2,480.00	
14385 NOFFKE LUMBER INC		080320809670	31100	53	09-102-240		45.37	MATERIAL/HEALTH
		080320809732	31100	53	09-102-240		9.19	MATERIAL/HEALTH
		080320809719	31100	53	09-102-240		13.40	MATERIALS/HEALTH
		080320809726	31100	53	09-102-240		248.08	DOORS
		080320809656	31100	53	09-102-240		209.84	DRYWALL STUDS
		080320809819	31100	51	10-115-300		9.38	MASONRY BIT
		080320809938	31100	51	10-115-240		9.60	OFFICE TRIM/IT
		080320810011	31100	55	07-202-300		3.90	LATEX CONCRETE SEALER
		080320809681	31100	53	09-102-240		18.50	DRYWALL NAIL
•	Check Date	4/10/2008	Check Nbr	016516		Check Total:	567.26	_

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Vendor ID / Name		Invoice Nbr	CpnyID	Acct	Subaccount		Amount Invoice Description
14532 NRC		2847	31485	54	10-134-212		2,586.94 POND LANDSCAPE/MANITOWOC
•	Check Date	4/10/2008	Check Nbr	016517		Check Total:	2,586.94
15080 OFFICEMAX INC		809323	31100	51	01-102-310		9.16 OFFICE SUPPLIES/MAYOR
		809323	31100	51	04-101-310		23.57 OFFICE SUPPLIES/COMMON COUNCIL
	Check Date	4/10/2008	Check Nbr	016518		Check Total:	32.73
16025 PACKER CITY INTERNATI	ONAL	3280720052	31731	54	10-149-383		46.92 AIR FILTER
		3280720051	31731	54	10-149-383		36.97 AIR FILTER
		3280740043	31731	54	10-149-383		114.31 FILTERS/PLUGS/STOCK SUPPLIES
		3280780065	31731	54	10-149-383		8.04 PARTS
•	Check Date	4/10/2008	Check Nbr	016519		Check Total:	206.24
16095 PARTS ASSOCIATES INC		PAI0739248	31731	54	10-149-300		-156.45 PIPES/RETURN
		PAI0736039	31731	54	10-149-300		264.71 STOCK SUPPLIES
•	Check Date	4/10/2008	Check Nbr	016520		Check Total:	108.26
16465 POSTAL ANNEX		127985	31100	55	07-202-311		8.40 NEUMAN POOLS
		128582	31100	52	08-101-311		7.21 STATE CRIME LAB
		128593	31100	52	08-101-311		7.07 STATE CRIME LAB
		128920	31100	54	10-304-300		21.10 LAMINATE GARBAGE MAPS
	Check Date	4/10/2008	Check Nbr	016521		Check Total:	43.78
16864 PROFESSIONAL PROCES	S SERVICE	6050	31100	51	02-103-211		65.00 SUBPOENA
•	Check Date	4/10/2008	Check Nbr	016522		Check Total:	65.00
18160 REDI-WELDING CO		13672	31731	54	10-149-300		79.90 WELDING/MARCH
•	Check Date	4/10/2008	Check Nbr	016523		Check Total:	79.90

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Vendor ID / Name		Invoice Nbr	CpnylD	Acct	Subaccount		Amount Invoice Description
18200 REINDERS INC		1192671-00	31731	54	10-149-383		18.43 SEAL-BEARING
		1193214-00	31731	54	10-149-383		105.22 FINGER GLOVES
•	Check Date	4/10/2008	Check Nbr	016524		Check Total:	123.65
9327 SERVICEMASTER BUILDI	NG MTNCE	118921	31100	52	08-101-201		50.00 CLEAN GARAGE IN APRIL 2008
		118889	31100	52	08-101-201		1,395.00 JANITORIAL SERVICE APRIL 2008
•	Check Date	4/10/2008	Check Nbr	016525		Check Total:	1,445.00
19380 SHOPKO STORES INC		51859	31827	53	09-212-300		36.99 BANQUET/PARTY SUPPLIES
	Check Date	4/10/2008	Check Nbr	016526		Check Total:	36.99
19435 SNAP-ON TOOLS		177829	31731	54	10-149-315		113.64 SHOP TOOLS
	Check Date	4/10/2008	Check Nbr	016527		Check Total:	113.64
19737 STUMPF MOTOR COMPA	NY INC	280659	31741	19	04-530-000		17,800.00 FORD PICK UP TRUCK
	Check Date	4/10/2008	Check Nbr	016528		Check Total:	17,800.00
19775 SUPERIOR CHEMICAL CO	ORP	53058	31731	54	10-149-300		206.35 TEFLON GEL LUBE
	Check Date	4/10/2008	Check Nbr	016529		Check Total:	206.35
20115 TESCH CHEMICAL CO INC	:	TC110295	31100	55	07-202-313		66.19 UTILITY PAD/PAD HOLDER
	Check Date	4/10/2008	Check Nbr	016530		Check Total:	66.19
0290 TOUGH SOLUTIONS		TSI331965	31100	52	08-101-315		250.00 ARMREST PRINTER MOUNT
	Check Date	4/10/2008	Check Nbr	016531		Check Total:	250.00
20330 TRAFFTECH INC		544	31100	54	10-131-300		93.00 BLADE/NEVER RECD 2007 INVOICE
•	Check Date	4/10/2008	Check Nbr	016532		Check Total:	93.00

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Vendor ID / Name	Invoice Nbr	CpnylD	Acct	Subaccount		Amount	Invoice Description
20405 TRI-COUNTY OVERHEAD DOOR INC	20546	31731	54	10-149-240		1,049.98	REPAIR BROKEN SPRING
Check Date	4/10/2008	Check Nbr	016533		Check Total:	1,049.98	-
21045 UNIFIRST CORPORATION	0970029326	31731	54	10-149-201		80.58	MAT/MOP/CLOTHING PROTECTION
Check Date	4/10/2008	Check Nbr	016534		Check Total:	80.58	-
21060 UNITED PAPER CORPORATION	59417	31100	13	04-106-000		252.40	CLEANING SUPPLIES
Check Date	4/10/2008	Check Nbr	016535		Check Total:	252.40	-
21095 UNITED WAY FOX CITIES		31100	21	04-299-021		95.75	
Check Date	4/10/2008	Check Nbr	016536		Check Total:	95.75	_
21226 US OIL CO INC	696527	31100	13	04-103-000		26,329.31	UNLEADED & DIESEL
Check Date	4/10/2008	Check Nbr	016537		Check Total:	26,329.31	-
	L33578	31731	54	10-149-242		12.00	SPECTRO V100 WATER AF FUEL
Check Date	4/10/2008	Check Nbr	016538		Check Total:	12.00	-
23215 WIL-KIL PEST CONTROL	1262402	31731	54	10-149-207		62.00	COMMERCIAL CONTRACT
Check Date	4/10/2008	Check Nbr	016539		Check Total:	62.00	-
23240 WINNEBAGO COLOR PRESS	051192	31100	55	07-201-291		122.94	TRAIL MAPS
Check Date	4/10/2008	Check Nbr	016540		Check Total:	122.94	_
23371 WISCONSIN DEPT OF JUSTICE-TIME	L7101T	31100	52	08-101-216		40.00	NAMES SEARCHES
Check Date	4/10/2008	Check Nbr	016541		Check Total:	40.00	_

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Vendor ID / Name Invoice Nbr CpnyID Subaccount Amount Invoice Description Acct 21 04-299-015 436.31 23455 WISCONSIN SUPPORT COLLECTIONS 31100 21 04-299-016 31100 138.40 21 04-299-015 894.60 31100 1,469.31 4/10/2008 Check Nbr 016542 Check Total: **Check Date** 23545 WORLDWIDE INFORMATION INC INV0169597 52 08-101-216 114.00 MOTOR VEHICLE REGISTRATIONS 31100

016543

Check Nbr

Grand Total:

Check Total:

153,031.17

114.00

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01760 APPLETON SCHOOL DISTRICT		31100	21	04-304-000		56,425.67 TAX COLLECTIONS
Check Date	4/14/2008	Check Nbr	016544		Check Total:	56,425.67
03070 CALUMET COUNTY TREASURER		31100	21	04-300-000		42,758.09 TAX COLLECTIONS
		31100	21	04-309-000		1,823.79 TAX COLLECTIONS
Check Date	4/14/2008	Check Nbr	016545		Check Total:	44,581.88
06615 FOX VALLEY TECHNICAL COLLEGE		31100	21	04-303-000		146,735.06 WINN CO TAX COLLECTIONS
		31100	21	04-303-000		17,603.79 CAL CO TAX COLLECTIONS
Check Date	4/14/2008	Check Nbr	016546		Check Total:	164,338.85
13400 MENASHA JOINT SCHOOL DISTRICT		31100	21	04-302-000		725,025.20 WINN CO TAX COLLECTIONS
		31100	21	04-302-000		27,909.23 CAL CO TAX COLLECTIONS
Check Date	4/14/2008	Check Nbr	016547		Check Total:	752,934.43
23130 WAVERLY SANITARY DISTRICT		31100	21	04-307-000		6.342.76 TAX COLLECTIONS
Check Date	4/14/2008	Check Nbr	016548	04 007 000	Check Total:	6,342.76
Спеск рате	4/14/2000	Officer 1451	010340		Oncor rotal.	
23275 WINNEBAGO COUNTY TREASURER		31100	21	04-301-000		478,297.29 TAX COLLECTIONS
		31100	21	04-309-000		15,903.74 TAX COLLECTIONS
Check Date	4/14/2008	Check Nbr	016549		Check Total:	494,201.03

Grand Total:

1,518,824.62

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01060 ACCURATE ALIGNMENT INC	8004916	31731	54	10-149-294		81.32 ALIGN FRONT END VEHICLE #3006
Check Date	4/17/2008	Check Nbr	016550		Check Total:	81.32
01755 APPLETON RADIATOR INC	8157	31731	54	10-149-294		460.00 INSTALL NEW CORE/PWF
Check Date	4/17/2008	Check Nbr	016551		Check Total:	460.00
19120 AT&T	920R09453004	31100	51	10-115-221		76.30 MONTHLY CHARGES
19120 A1Q1	920R09453004 920R09453004		54	10-301-221		202.60 MONTHLY CHARGES
Check Date	4/17/2008	Check Nbr	016592		Check Total:	278.90
02040 BADGER HIGHWAYS CO INC	139815	31100	54	10-121-300		370.94 COLD MIX
Check Date	4/17/2008	Check Nbr	016552		Check Total:	370.94
02750 BRICK & SUPPLY COMPANY	136856	31100	54	10-134-300		209.40 CONCRETE BRICK BLOCKS
Check Date	4/17/2008	Check Nbr	016553		Check Total:	209.40
02780 BRUCE MUNICIPAL EQUIPMENT INC	5081301	31731	54	10-149-383		97.96 POSITION SENDER
Check Date	4/17/2008	Check Nbr	016554		Check Total:	97.96
02796 BUBRICK'S	115664	04400	52	08-101-310		283.42 OFFICE SUPPLIES
Check Date	4/17/2008	31100 Check Nbr	016555	00-101-010	Check Total:	283.42
03205 CASPERS TRUCK EQUIPMENT INC	31751	31731	54	10-149-383		275.23 AUGER SPEED SENSOR
Check Date	4/17/2008	Check Nbr	016556		Check Total:	275.23
03585 COMMUNITY HOUSING COORDINATOR	103	31100	56	03-202-216		1,600.00 HOUSING PLAN APRIL 2008
	104	31261	56	03-207-216		5,000.00 IMPLEMENT NATURES WAY
Check Date	4/17/2008	Check Nbr	016558		Check Total:	6,600.00

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04139 VALERIE DAVIS		030308	31100	53	09-102-331		25.30	MILEAGE
		030308	31100	53	09-104-331		7.07	MILEAGE
•	Check Date	4/17/2008	Check Nbr	016559		Check Total:	32.37	_
A4075 DIGIGODDODATION		F0004	04400	12	04-113-000		-32.90	
04275 DIGICORPORATION		52664 52664	31100	13 51	04-115-000			BUSINESS CARDS
		52664	31100 31731	54	10-149-291			BUSINESS CARDS
		52693	31100	55	07-201-291			SUMMER ACTIVITY GUIDE
•	Check Date	4/17/2008	Check Nbr	016560		Check Total:	3,357.71	
06065 FAMILY THERAPY & ANXI	ETY CTR	040808	31100	52	08-101-215		275.00	SERVICES PROVIDED/POLICE DEPT
•	Check Date	4/17/2008	Check Nbr	016561		Check Total:	275.00	_
06115 FERRELLGAS		1021391226	31266	54	10-307-216		53.78	LIQUEFIED PETROLEUM GAS
•	Check Date	4/17/2008	Check Nbr	016562		Check Total:	53.78	_
06355 FONDY AUTO ELECTRIC		A14794	31731	54	10-149-383		78.96	VEHICLE PART
•	Check Date	4/17/2008	Check Nbr	016563		Check Total:	78.96	_
				54	04 404 000		705.00	LEGAL NOTICES
07080 GANNETT WISCONSIN NE	WSPAPERS	0003293022	31100	51	04-101-292			LEGAL NOTICES
	Check Date	4/17/2008	Check Nbr	016564		Check Total:	765.83	
07370 GRAPHIC ART PRODUCTI	IONS INC	145005	31100	52	08-101-291		983.05	PARKING TICKET COLLECTION ENV
	Check Date	4/17/2008	Check Nbr	016565		Check Total:	983.05	
	CHECK DATE		21100K 1107	0.0000				
08054 STEPHANIE LYNN HALL		040908	31100	55	07-202-203		112.00	CLASS INSTRUCTION
•	Check Date	4/17/2008	Check Nbr	016566		Check Total:	112.00	_

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08505 HORST DISTRIBUTING INC	:	448530	31731	54	10-149-383		108.30 SWEEPER FINGERS	
		448531	31731	54	10-149-383		142.82 SWEEPER FINGERS	
-	Check Date	4/17/2008	Check Nbr	016567		Check Total:	251.12	
08537 HSBC BUSINESS SOLUTION	ONS	1296000028908		51	04-109-310		2.99 AA BATTERY/IT	
-		1296000028908		53	09-102-310		19.99 HP INK/HEALTH DEPT	
	Check Date	4/17/2008	Check Nbr	016568		Check Total:	22.98	
09290 INTERSTATE BATTERY O	F GREEN BA	90044382	31731	54	10-149-383		121.80 BATTERY	
-	Check Date	4/17/2008	Check Nbr	016569		Check Total:	121.80	
10130 DAVID JAGLA		040408	31100	52	08-101-338		19.30 MEALS/TRAINING	
-	Check Date	4/17/2008	Check Nbr	016570		Check Total:	19.30	
10242 DANA JOHNSON		122107	31100	21	04-229-000		20.00 OVERPAY PARKING TICKET 0004368	
-			31100	21	04-229-000		-20.00 VOID CHECK 15269	
	Check Date	4/17/2008	Check Nbr	016571		Check Total:	0.00	
11165 KJ WASTE SYSTEMS INC		040108	31266	54	10-307-216		1,130.00 CONTAINER RENTAL	
-	Check Date	4/17/2008	Check Nbr	016572		Check Total:	1,130.00	
13045 MANDERFIELD BAKERY		289252	31827	53	09-212-300		47.70 BUNS/SHEET CAKE	
-	Check Date	4/17/2008	Check Nbr	016573		Check Total:	47.70	
		00.4007		54	40 440 200		C 400 00 TIPE CEPVICE	
13149 MATTHEWS COMMERCIA	LIRECIR	024697	31731	54 54	10-149-382 10-149-382		6,100.00 TIRE SERVICE	
-		024241	31731	54	10-149-302	Charle Totale	385.32 TIRE SERVICE 6,485.32	
	Check Date	4/17/2008	Check Nbr	016574		Check Total:	0,700.02	
13255 KATIE MCLAIN		041408	31100	46	04-175-000		35.00 PARK CANCELLATION	
-	Check Date	4/17/2008	Check Nbr	016575		Check Total:	35.00	

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Vendor ID / Name Invoice Nbr CpnyID Acct Subaccount **Amount Invoice Description** 55 07-203-240 74.75 REMODEL AT POOL 13345 MENARDS-APPLETON EAST 47714 31100 47992 55 07-203-240 107.08 REPAIRS/POOL 31100 181.83 4/17/2008 Check Nbr 016576 Check Total: **Check Date** 910.40 FIRE DEPT 13360 MENASHA ELECTRIC & WATER UTILI 040108 12 04-399-000 31100 12 04-399-000 178.88 FIRE DEPT 040108 31100 52 08-101-223 1,257.21 POLICE DEPT 040108 31100 040108 52 08-101-225 247.02 POLICE DEPT 31100 54 10-131-223 807.78 TRAFFIC LIGHTS 040108 31100 040108 54 10-131-225 103.29 TRAFFIC LIGHTS 31100 54 10-149-223 1,665.67 PWF 040108 31731 040108 31731 54 10-149-225 586.15 PWF 54 10-301-223 25.63 LIFT STATIONS 040108 31201 54 10-308-223 8.48 RECYCLING 040108 31266 55 06-101-223 2,732.32 LIBRARY 040108 31100 55 06-101-225 440.86 LIBRARY 040108 31100 55 07-202-223 1,356.67 PARKS 040108 31100 040108 55 07-203-223 136.80 SWIMMING POOL 31100 55 07-203-225 344.25 SWIMMING POOL 040108 31100 55 10-215-223 344.92 LIFT BRIDGES 040108 31100 11,146.33 4/17/2008 016577 Check Total: Check Nbr **Check Date** 21 04-299-020 1,860.00 13370 MENASHA EMPLOYEES CREDIT UNION 31100 1,860.00 4/17/2008 Check Nbr 016578 Check Total: Check Date 21 04-299-031 225.00 13375 MENASHA EMPLOYEES LOCAL 1035 31100 225.00 4/17/2008 Check Total: Check Nbr 016579

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Vendor ID / Name		Invoice Nbr	CpnyID	Acct	Subaccount		Amount	Invoice Description
13440 MENASHA PUBLIC LIBRA	ARY .	041108	31100	55	06-101-311		62.95	PETTY CASH
		041108	31100	55	06-101-316		38.39	PETTY CASH
		041108	31100	55	06-101-338		5.98	PETTY CASH
•	Check Date	4/17/2008	Check Nbr	016580		Check Total:	107.32	_
14010 N&M AUTO SUPPLY		211433	31731	54	10-149-383		4.18	SPARK PLUG
		211558	31731	54	10-149-383			LAMP
		211987	31731	54	10-149-383			FILTERS/LAMPS/SPARK PLUGS
		211067	31731	54	10-149-383		14.40	HANDLE
•	Check Date	4/17/2008	Check Nbr	016581		Check Total:	82.39	_
14280 NETWORK SOLUTIONS IN	NC .	5023	31100	51	04-109-315		60.00	NETWORK CABLE FOR PROJECTS
•	Check Date	4/17/2008	Check Nbr	016582		Check Total:	60.00	_
	_	=,		54	40 404 000		04.07	DADTO
14325 NEWMAN TRAFFIC SIGNS		TI-0190498	31100	54	10-131-300			PARTS —
	Check Date	4/17/2008	Check Nbr	016583		Check Total:	91.87	
14520 NOVER ENGELSTEIN & A	SSOCIATES	M2008	31100	51	04-109-243		600.00	ANNUAL SOFTWARE MAINTENANCE
•	Check Date	4/17/2008	Check Nbr	016584		Check Total:	600.00	_
					00 040 040		00.54	OFFICE OURDUES
15080 OFFICEMAX INC		931643	31100	53	09-212-310			OFFICE SUPPLIES
		957591	31100	53	09-212-310			OFFICE SUPPLIES
		633510	31100	51	10-115-310			2ND FLOOR COPY PAPER
		633510	31100	54	10-111-310			OFFICE SUPPLIES/ENGINEERING
		633510	31100	55	07-201-310			OFFICE SUPPLIES/PARK & REC
		633510	31100	56	03-202-310			OFFICE SUPPLIES/COM DEV
		020195	31100	53	09-102-310			OFFICE SUPPLIES —
	Check Date	4/17/2008	Check Nbr	016585		Check Total:	259.65	

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Vendor ID / Name		Invoice Nbr	CpnyID	Acct	Subaccount		Amount	Invoice Description
03405 ONE COMMUNICATIONS		040208	31100	12	04-399-000		14.31	BUILD INSPECT
00400 GNE GOMMONIOATIONS		040208	31100	12	04-399-000			MENASHA UTILITIES
		040208	31207	12	04-399-000			MARINA
		040208	31100	51	01-102-221			MAYOR
		040208	31100	51	02-103-221			ATTORNEY
		040208	31100	51	02-104-221			CLERK
		040208	31100	51	02-105-221			PERSONNEL
		040208	31100	51	04-106-221			FINANCE
		040208	31100	51	04-107-221			ASSESSOR
		040208	31100	51	04-109-221		21.58	
		040208	31100	51	10-115-221			CITY HALL
		040208	31100	52	05-701-221		62.23	
		040208	31100	52	08-101-221			POLICE
		040208	31100	53	09-102-221			HEALTH
		040208	31100	53	09-212-221			SENIOR
		040208	31100	54	10-111-221			ENGINEERING
		040208	31100	54	10-131-221			SIGN
		040208	31731	54	10-149-221			GARAGE
		040208	31100	55	06-101-221			LIBRARY
		040208	31100	55	07-201-221		22.66	RECREATION
		040208	31100	55	07-202-221			PARKS
		040208	31100	55	07-203-221			POOL
		040208	31100	55	10-215-221		34.32	BRIDGE
		040208	31100	56	03-202-221			COM DEV
_	Check Date	4/17/2008	Check Nbr	016557		Check Total:	1,590.11	
	OHECK DAIR							
16025 PACKER CITY INTERNATION	DNAL	3280910051	31731	54	10-149-383		-286.00	GEAR RETURN
		3280850078	31731	54	10-149-383		64.98	ELELMENTS
_	Check Date	4/17/2008	Check Nbr	016587		Check Total:	-221.02	_

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16273 ROGER PICARD	032808	31100	52	08-101-333		6.85 MEALS
	032808	31100	52	08-101-338		17.30 MEALS
Check	Date 4/17/2008	Check Nbr	016588		Check Total:	24.15
16300 PIGGLY WIGGLY #24	00230022	31100	55	07-201-300		11.56 DANCE SHOW SUPPLIES
	5347	31827	53	09-212-300		67.97 APRIL PARTY
Check	Date 4/17/2008	Check Nbr	016589		Check Total:	79.53
18280 RESERVE ACCOUNT	041508	31100	13	04-109-000		6.000.00 REPLENISH POSTAGE METER ACCT
Check	***=***	Check Nbr	016590		Check Total:	6,000.00
18370 RIESTERER & SCHNELL INC	486920	31731	54	10-149-383		48.49 TAIL LAMPS
	486972	31731	54	10-149-383		-20.97 OIL FILTER/TAIL LAMPS
Check	Date 4/17/2008	Check Nbr	016591		Check Total:	27.52
19775 SUPERIOR CHEMICAL CORP	53944	31100	55	07-202-313		2,418.25 CLEANING SUPPLIES
	53945	31100	13	04-106-000		2,260.00 HOUSEKEEPING SUPPLIES
Check	Date 4/17/2008	Check Nbr	016593		Check Total:	4,678.25
20150 THEDA CLARK MEDICAL CENTE	R 040908	31262	52	08-101-337		500.00 CONFERENCE REGISTRATION
Check		Check Nbr	016594		Check Total:	500.00
21045 UNIFIRST CORPORATION	0970029683	31731	54	10-149-201		80.58 MAT/MOP/CLOTHING PROTECTION 80.58
Check	Date 4/17/2008	Check Nbr	016595		Check Total:	00.50
15190 VEOLIA ENVIRONMENTAL SERV	CES B4190272	31100	12	04-399-000		75.28 BROAD ST PARKING LOT
Check	Date 4/17/2008	Check Nbr	016586		Check Total:	75.28
23130 WAVERLY SANITARY DISTRICT	032708	31100	55	07-202-225		39.91 BARKER FARM PARK PAVILION
Check	Date 4/17/2008	Check Nbr	016596		Check Total:	39.91

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23152 WE ENERGIES	033108	31100	53	09-102-224		25.60	316 RACINE ST
	033008	31100	55	07-202-223		9.21	NORTH ST
	040408	31100	55	07-202-223		34.91	MENASHA CONSERVANCY
	033008	31100	55	07-202-223		8.24	NORTH ST
Check	Date 4/17/2008	Check Nbr	016597		Check Total:	77.96	_
23160 WERNER ELECTRIC SUPPLY CO	S2419292.001	31100	13	04-106-000		221.40	INVENTORY SUPPLIES
	S2422712.001	31100	13	04-106-000		-96.30	RETURN CREDIT
	S2422716.001	31100	13	04-106-000		-94.44	SYL 67514 LU100/ECO
	S2422716.001	31100	13	04-106-000		94.44	REVERSE DEBIT ENTRY
	S2422716.001	31100	13	04-106-000		94.44	BULB STOCK
Check	Date 4/17/2008	Check Nbr	016598		Check Total:	219.54	_
23270 WINNEBAGO CO REGISTER OF D	EEDS RD100987	31261	56	03-207-216		21.00	MORTGAGE COPIES
Check	Date 4/17/2008	Check Nbr	016599		Check Total:	21.00	_
23275 WINNEBAGO COUNTY TREASURI	ER LF113221	31100	54	10-304-250		7,615.18	LANDFILL FACILITY
	LF113221	31100	54	10-305-216		2,437.79	LANDFILL FACILITY
	LF113221	31266	54	10-307-216		1,622.46	LANDFILL FACILITY
Check	Date 4/17/2008	Check Nbr	016600		Check Total:	11,675.43	_
23277 WINNEBAGO COUNTY UW-EXTEN	ISION 040708	31100	55	07-202-206		33.50	SOIL TESTS
Check	Date 4/17/2008	Check Nbr	016601		Check Total:	33.50	_
23455 WISCONSIN SUPPORT COLLECTI	ONS	31100	21	04-299-015		436.31	
		31100	21	04-299-016		138.40	
	Date 4/17/2008	Check Nbr	016602		Check Total:	574.71	_

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26200 ZARNOTH BRUSH WORK	S INC	116248	31100	54	10-123-300	812.00 BEARINGS/SEAL RINGS
•	Check Date	4/17/2008	Check Nbr	016603		Check Total: 812.00

Grand Total:

63,331.93